

Updating the Safe and Secure Handling of Medicines guidance.

Webinar for the advisory group, March 2017

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What is in this presentation

- Background to the update
- Recap of the update process
- Role of the advisory group a reminder
- Progress to date
- Next steps

Background to the update

1988. **Department of Health** publishes Guidelines for the safe and Secure Handling of Medicines.

A report to the Secretary of State for Social Services by the Joint Sub-Committee of the Standing Medical Nursing and Midwifery and Pharmaceutical Advisory Committees, chaired by **Professor R B Duthie**.

2005. Royal Pharmaceutical Society of GB updates the 1988 guidance and publishes The safe and secure handling of medicines: a team approach.

This guidance has become the "standard" widely used in NHS and beyond. However the need for another review is clear.

Background to the update

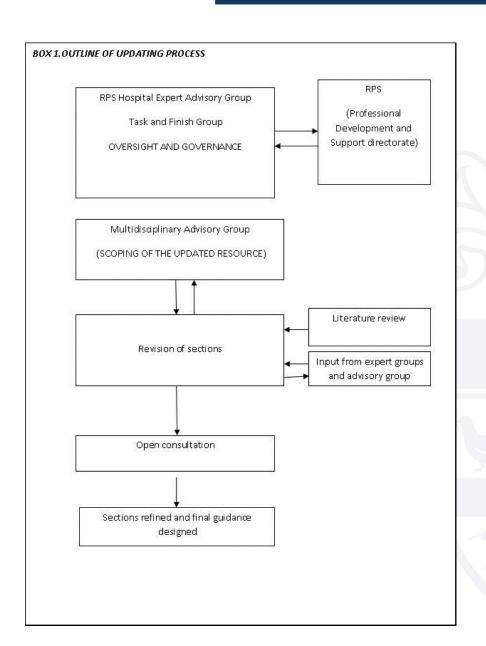
Changes to legislation

General & specific

Changes to ways of working

- New roles, new technologies (eg. automated medicines cabinets, dispensing robots)
- New models of care in England (Vanguards, multispecialty providers)
- •Changes to NHS landscape
 - Implications of devolved health administrations
- Some significant gaps between guidance and practice

Recap on the update process



Role of advisory group

- To comment on the current guidance from the perspective of the professional group represented or to provide lay input into the update of the guidance.
- Help define the overall scope of the update
- To comment on drafts of the guidance as the project progresses specifically those that improve clarity or structure, ensure multi-professional focus, or reflect updates in the evidence base.
- Provide support and guidance to the project consultant and lead author as required.
- Facilitate endorsement of the guidance by relevant organisations.
- Input into strategies to disseminate the guidance.
- Once published to promote the guidance to own organisation and through own networks.

Terms of reference for the group have been drafted and are available on the RPS website:

Progress to date

- Output from the advisory group meeting in September has been used to revise the guidance.
- Focus on consolidating into 'core' principles which applies across all settings. Significant reduction in duplication seen in the original guidance.
- Core principles circulated to advisory group for comment with comments currently being incorporated.
- Once core is finalised small project groups will be constituted to review areas where more detailed guidance may be needed. This will not duplicate anything in the core guidance. Aim to have one or two case studies as illustrations for each section.

Themes from the comments

- •Need to clearly nail down scope:
 - audience
 - care settings
 - physical handling not clinical aspects
- •Risk assessments more about risk assessment.
- •Professional differences in language.
- Must/should debate (RPS standards style).

Progress to date (still to develop)

Additional 'pop- up' core guidance:

- controlled drugs
- storage
- security

Areas for specific case studies/guidance

- Overnight stays (e.g. wards, community bedded units, care homes, hospices, ?prisons)
- Ambulatory visits (e.g. walk in centres, day clinics, drug treatment units, mobile imaging etc)
- Theatres
- Domiciliary services (community midwives, health and psychiatric nurses, hospital at home)
- Ambulances and rescue services

Next steps

- Finalise core guidance and additional 'pop up' guidance.
- Pull together from advisory group small working groups to develop case studies/identify if additional guidance needed.
- Aiming for open consultation in September 17.



You can find more details about this work on the RPS website:

http://www.rpharms.com/what-we-re-working-on/safe-and-secure-handling-of-medicines.asp